PTO/SB/05 (11-00° Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Drawing(s) (35 U S C 113) [Total Sheets

Newly executed (original or copy) Copy from a prior application (37 CFR 1 63 (d))

(for continuation/divisional with Box 18 completed)

[Total Pages

5. Oath or Declaration

Signature

Attorney Docket No. 65-104-1-19-28-7-34-13

First Inventor Capasso

Technique for Measuring Intersubband

Title Electroluminescence in a Quantum Casade Laser

English Translation Document (if applicable)

Date

Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

Information Disclosure

Statement (IDS)/PTO-1449 Preliminary Amendment Copies of IDS

Citations

(Only for new nonprovisional applications under 37 CFR 1 53(b))	Express Mail Label No EFI72632415 US 2
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a displicate for fee processing: Applicant claims small entity status See 37 CFR 1.27 Specification [Total Pages]] - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Form (CRF) b Specification Sequence Listing on i CD-ROM or CD-R (2 copies), or ii paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s)) 37 CFR 3 73(b) Statement (when there is an assignee) Power of Attorney

13

	ON OF INVENTOR(S) tement attached deleting inventor(s)	15	Certified Copy of Prio	ority Documen laimed)	t(s)
	ne prior application see 37 CFR	16	Request and Certific (b)(2)(B)(i) Applicant	ation under 35 t must attach f	OUS C 122 orm PTO/SB/35
6. Application Data	Sheet See 37 CFR 1 76	17	or its equivalent Other		
18. If a CONTINUING APPLIC or in an Application Data She	CATION, check appropriate box, and set under 37 CFR 1 76	supply the requis	ite information below an	d in a prelimin	nary amendment
Continuation	Divisional Continuation-in-part (C	OIP) of p	prior application No	/	-
Prior application information	Examiner	G	Group Art Unit		
Box 5b, is considered a part of	ONAL APPS only. The entire disclosure the disclosure of the accompanying collected upon when a portion has been ina	ntinuation or divis	ional application and is h	ereby incorpor	is supplied under ated by reference
	19. CORRESPO	NDENCE ADDR	ESS		
Customer Number or Bai Co	ode Labei (Insert Customer No. or Atta	ch bar code label here,		Correspondence ad	dress below
Name	Wendy W. Koba	, Esq.			
	O				
Address	PO Box 556				
City	Springtown	State	PA	Zıp Code	18081
Country	United States of America	Telephone (610-346-7112	Fax	610-346-8189
Name (PrintiType)	Wenda W. Koba, 8	Regis	tration No. (Attorneyl.	Agent) 3	0509

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents. Box Patent Application Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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(\$) 750.00

espond to a collection of info	ormation unless it displays a valid OMB control number
Co	omplete if Known
Application Number	
Filing Date	
First Named Inventor	Capasso
Examiner Name	
Group Art Unit	
Attorney Docket No	65-104-1-19-28-7-34-13

METHOD OF PAYMENT FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
Deposit	Large Small					
Account Lucent Technologies, Inc.	Entity Entity Fee Fee Fee Fee Fee Fee Fee Fee	e Paid				
Deposit	Code (\$) Code (\$)	e raiu				
Account Name 12-2325	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status	139 130 139 130 Non-English specification					
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
Payment Enclosed: Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1.840* 113 1,840* Requesting publication of SIR after Examiner action					
101	115 110 215 55 Extension for reply within first month					
. BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month					
Fee Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month					
Code (\$) Code (\$) Fee Paid	118 1,390 218 695 Extension for reply within fourth month					
101 (710) 201 355 Utility filing fee 710.00	128 1,890 228 945 Extension for reply within fifth month					
	119 310 219 155 Notice of Appeal					
107 490 207 245 Plant filing fee	120 310 220 155 Filing a brief in support of an appeal					
	121 270 221 135 Request for oral hearing					
200	138 1,510 138 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$)	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional					
Fee from Ext <u>ra Claims below</u> Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)					
Total Claims20** =O X =O	143 440 243 220 Design issue fee					
Independent Q - 3** = O X = O	144 600 244 300 Plant issue fee					
Multiple Dependent = O	122 130 122 130 Petitions to the Commissioner					
	123 50 123 50 Processing fee under 37 CFR 1 17(q)					
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 Recording each patent assignment per property (times number of properties)	.00				
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))					
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination					
SUBTOTAL (2) (\$) (C)	of a design application Other fee (specify)					
(2)						
**or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						

SUBMITTED BY					Complete (#	applicable)
Name (Print/Type)	Wendy W	. Koba Esa.	Registration No (Attorney/Agent)	30509	Telephone	610-346-7112
Signature	Wende	1 WHOLE		,	Date	4/4/01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

TITLE Technique for Measuring Intersubband Electroluminescence in a Quantum Cascade Laser

THE COMMISSIONER OF PATENTS AND TRADEMARKS WASHINGTON, D.C. 20231

SIR

Enclosed are the following papers related to the above-name application for patent:

Specification
5 Informal sheet (s) of drawings
Assignment-To be recorded
Declaration and Power of Attorney
Associate Power of Attorney
Recordation Form Cover Sheet (2 copies)

		CL	AIMS AS FILED		
	No.	Filed	-No. Extra	Rate	Calculations
Total Claims	11	-20=	0	x \$18	0
Independent Claims	2	-3=	0	x. \$80	0
Multiple Dependent, if ap	plicable			x \$270	
BASIC FEE					\$710.00
		,		TOTAL FEES	710 00

Please file the application and charge Lucent Technologies, Inc. Deposit Account No. 12-2325 the amount of \$\frac{10.00}{10.00}\$ to cover the filing fee for this application. In the event of any non-payment or improper payment of a required fee, the Commissioner is authorized to charge or credit Deposit Account No. 12-2325 as required to correct the error.

Please address all correspondence to Wendy W. Koba, P.O. Box 556, Springtown, PA 18081-0556. Telephone calls should be directed to Wendy W. Koba at 610-346-7112.

Respectfully,

Wendy W. Koba Reg. No. 30509

Attorney for Applicant(s)

610-346-7112

Date: 4/4/01